

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
CHILD SUPPORT ENFORCEMENT DIVISION

DCSE USE ONLY

DATE APPLICATION REQUESTED: \_\_\_\_\_  
DATE APPLICATION MAILED: \_\_\_\_\_  
DATE APPLICATION RECEIVED: \_\_\_\_\_  
DCSE CASE # \_\_\_\_\_  
TANF CAP CHILD: Yes \_\_\_\_\_ No \_\_\_\_\_



# CHILD SUPPORT ENFORCEMENT SERVICES APPLICATION

(Please use ink, print clearly and legibly in completing application)

(If it is determined that the noncustodial parent's earnings are insufficient to cover both the financial child support order and the cost of the health care coverage, the financial support will be collected first.)

**PERSON APPLYING FOR SERVICES:** (Please check one):

- // THE CHILD(REN) CURRENTLY RESIDE(S) WITH ME (CUSTODIAL PARENT)  
// THE CHILD(REN) DOES NOT RESIDE(S) WITH ME (NONCUSTODIAL PARENT)  
// OTHER (specify) \_\_\_\_\_

HAVE YOU APPLIED FOR, OR ARE YOU CURRENTLY RECEIVING SUPPORT ENFORCEMENT SERVICES FROM VIRGINIA? Y " N "

FROM ANOTHER STATE? Y " N " IF SO, LIST STATE(S) \_\_\_\_\_

YOUR NAME (if different) AT THE TIME YOU RECEIVED CHILD SUPPORT SERVICES: \_\_\_\_\_

**NONDISCLOSURE OF INFORMATION:** (Complete only if address information is not to be released):

DO YOU HAVE A PROTECTIVE ORDER PREVENTING THE RELEASE OF YOUR ADDRESS? Y " N "  
IF NO, DO YOU FEEL THAT THE SAFETY OR LIBERTY OF YOU OR YOUR CHILD(REN) WOULD BE UNREASONABLY  
PUT AT RISK BY THE RELEASE OF YOUR ADDRESS OR OTHER IDENTIFYING INFORMATION? Y " N "

**REQUIRED DOCUMENTS:** I understand that verification of certain information is required in order for my case to be worked. To assist, I have provided or will provide copies of the documents I have checked below. I understand that failure to provide copies of these documents will delay the processing of my case.

I Am Providing	I Will Provide	
//	//	BIRTH CERTIFICATE FOR DEPENDENT(S)
//	//	ACKNOWLEDGMENT OF PATERNITY
//	//	ORIGINAL AND MODIFIED SUPPORT ORDERS (INCLUDING DIVORCE DECREES AND CUSTODY ORDERS)
//	//	SOCIAL SECURITY CARDS
//	//	PHOTOGRAPH OF NONCUSTODIAL PARENT
//	//	PROTECTIVE ORDER PREVENTING THE RELEASE OF MY ADDRESS
//	//	COPIES OF MY 3 MOST RECENT PAY STUBS OR THE LAST YEAR'S W-2 Forms

**CUSTODIAL PARENT/CARETAKER INFORMATION:**

NAME: \_\_\_\_\_ RELATIONSHIP TO  
CHILD(REN) \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(City/County)

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DATE OF BIRTH/ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ MARITAL  
STATUS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(Street & Number) (City) (State) (Zip)

MAILING ADDRESS: \_\_\_\_\_  
(Street & Number) (City) (State) (Zip)

EMPLOYER NAME AND ADDRESS: \_\_\_\_\_  
(Street & Number) (City) (State) (Zip)

**NONCUSTODIAL PARENT INFORMATION** (Complete an information sheet for each noncustodial parent)

NONCUSTODIAL PARENT'S NAME (NCP): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

CITY OF BIRTH: \_\_\_\_\_ STATE OF BIRTH: \_\_\_\_\_

CURRENT/LAST KNOWN ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

AS OF DATE: \_\_\_\_\_ I.D. MARKS: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

TYPE OF CAR: \_\_\_\_\_ YEAR: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ TYPE OF ACCT: CHECKING ☐ SAVINGS ☐ OTHER ☐

OCCUPATION: \_\_\_\_\_

DOES NCP HAVE A BUSINESS OR PROFESSIONAL LICENSE? Y ☐ N ☐

IF YES, WHAT TYPE? \_\_\_\_\_

CURRENT/LAST KNOWN EMPLOYER \_\_\_\_\_ AS OF DATE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

IS NCP A STUDENT? Y ☐ N ☐ IF YES, WHERE? \_\_\_\_\_

NCP'S FATHER'S NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

NCP'S MOTHER'S MAIDEN NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_ PHONE# \_\_\_\_\_

HAS NCP EVER BEEN CONVICTED OF A CRIME? Y ☐ N ☐ DATE OF CONVICTION: \_\_\_\_\_

CRIME FOR WHICH CONVICTED: \_\_\_\_\_ ON PROBATION? Y ☐ N ☐

CITY & STATE OF CONVICTION: \_\_\_\_\_

NAME OF PRISON: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

HAS NCP EVER BEEN IN THE MILITARY? Y ☐ N ☐ FROM \_\_\_\_\_ TO \_\_\_\_\_

BRANCH: \_\_\_\_\_ STATUS: \_\_\_\_\_ BASE: \_\_\_\_\_

HAS NCP PROVIDED ANY FINANCIAL SUPPORT? Y ☐ N ☐

**FINANCIAL STATEMENT** (Complete this section only if you are a legal parent of the child(ren)).

**INCOME:**

YOUR GROSS INCOME (before any deductions) PER PAY PERIOD \$ \_\_\_\_\_

HOW OFTEN ARE YOU PAID? ☐ WEEKLY ☐ EVERY TWO WEEKS ☐ TWICE MONTHLY ☐ MONTHLY

TOTAL YEARLY INCOME IF NOT REGULARLY EMPLOYED \$ \_\_\_\_\_ SOURCE(s) \_\_\_\_\_

I AM CURRENTLY PAYING SPOUSAL SUPPORT

TO: \_\_\_\_\_ AMT.\$ \_\_\_\_\_ PER \_\_\_\_\_

I AM CURRENTLY RECEIVING SPOUSAL SUPPORT FROM: \_\_\_\_\_ AMT.\$ \_\_\_\_\_ PER \_\_\_\_\_

**SUPPORT FOR OTHER CHILD(REN):**

IN ADDITION TO THE CHILD(REN) FOR WHOM I AM SEEKING ASSISTANCE IN SECURING CHILD SUPPORT, I AM ALSO LEGALLY RESPONSIBLE FOR FINANCIAL SUPPORT OF THE FOLLOWING CHILDREN:

1. _____ (Child's name)	LIVING W/YOU? Y <input type="checkbox"/> N <input type="checkbox"/>	RELATIONSHIP _____	DOB _____
2. _____	LIVING W/YOU? Y <input type="checkbox"/> N <input type="checkbox"/>	RELATIONSHIP _____	DOB _____
3. _____	LIVING W/YOU? Y <input type="checkbox"/> N <input type="checkbox"/>	RELATIONSHIP _____	DOB _____
4. _____	LIVING W/YOU? Y <input type="checkbox"/> N <input type="checkbox"/>	RELATIONSHIP _____	DOB _____

**EXTRAORDINARY MEDICAL EXPENSES**

LIST MEDICAL AND DENTAL EXPENSES IN EXCESS OF \$100 PER OCCURRENCE THAT ARE NOT COVERED BY INSURANCE FOR EACH CHILD FOR WHOM YOU ARE SEEKING SUPPORT SERVICES.

(Key: Med=medical Den=Dental Item=Braces, Therapy, Vision ware, Etc.)

1. _____ (Child's Name)	MED <input type="checkbox"/> DEN <input type="checkbox"/> ITEM _____	MO.PAYMT.\$ _____	BAL.\$ _____
2. _____	MED <input type="checkbox"/> DEN <input type="checkbox"/> ITEM _____	MO.PAYMT.\$ _____	BAL.\$ _____
3. _____	MED <input type="checkbox"/> DEN <input type="checkbox"/> ITEM _____	MO.PAYMT.\$ _____	BAL.\$ _____
4. _____	MED <input type="checkbox"/> DEN <input type="checkbox"/> ITEM _____	MO.PAYMT.\$ _____	BAL.\$ _____

**DEPENDENT CARE EXPENSE**

DO YOU CURRENTLY PAY CHILD CARE EXPENSES (for the child(ren) for whom you are applying for child support services) IN ORDER TO WORK? Y ☐ N ☐ If yes, AMOUNT \$ \_\_\_\_\_ PER \_\_\_\_\_

THE CHILD CARE PROVIDER IS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS \_\_\_\_\_

**MEDICAL SUPPORT:**

I have the following insurance available that covers the child(ren) for whom I am applying:

HEALTH INSURANCE (monthly amount that you are required to pay for child(ren)) only) \$ \_\_\_\_\_

NAME OF INSURANCE COMPANY \_\_\_\_\_ PERSONS COVERED \_\_\_\_\_

DENTAL INSURANCE (monthly amount that you are required to pay for child(ren)) only) \_\_\_\_\_

NAME OF INSURANCE COMPANY \_\_\_\_\_ PERSONS COVERED \_\_\_\_\_

When your support order is entered or modified, the Division must seek to ensure that one of the parents is responsible for providing health insurance (whether or not it is currently available) for the child(ren). Medical support will only be enforced against the parent responsible for the coverage if health insurance is determined to be available at reasonable cost. Please select ONE of the following options:

☒ I CHOOSE TO PROVIDE THE CHILD(REN)'S HEALTH INSURANCE OR ☒ I WISH TO HAVE THE NCP PROVIDE HEALTH INSURANCE FOR THE CHILD(REN)

(If you do not clearly indicate an option, the Division will pursue medical support from the NCP.)

**DEPENDENT INFORMATION.** List the NCP's name and each child living with you for whom this NCP is responsible.  
If more than three children, please list on separate sheet.  
**NONCUSTODIAL PARENT'S NAME:** \_\_\_\_\_

1. \_\_\_\_\_  
(Last) (First) (Middle) (Race) (Sex)  
\_\_\_\_\_  
(Social Security Number) (Date of Birth) (Place of Birth-City & State)  
WERE PARENTS MARRIED TO EACH OTHER AT TIME OF CHILD'S BIRTH? Y " N "  
DATE OF MARRIAGE: \_\_\_\_\_ COUNTY & STATE: \_\_\_\_\_  
IF NOT, WAS PATERNITY ESTABLISHED? Y " N "  
HOW WAS PATERNITY ESTABLISHED? " BY A COURT " GENETIC TEST " OTHER  
IS THERE AN EXISTING SUPPORT ORDER FOR THIS CHILD? Y " N "  
IF YES, AMOUNT \$ \_\_\_\_\_ PER: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_ STATE: \_\_\_\_\_  
COURT NAME: \_\_\_\_\_ DOCKET FILE # \_\_\_\_\_ DIRECT PAYMENT TO YOU? Y " N "  
ARE CHILD'S PARENTS DIVORCED? Y **9** N **9** DATE OF DIVORCE \_\_\_\_\_  
YOUR RELATIONSHIP TO CHILD: \_\_\_\_\_

2. \_\_\_\_\_  
(Last) (First) (Middle) (Race) (Sex)  
\_\_\_\_\_  
(Social Security Number) (Date of Birth) (Place of Birth-City & State)  
WERE PARENTS MARRIED TO EACH OTHER AT TIME OF CHILD'S BIRTH? Y " N "  
DATE OF MARRIAGE \_\_\_\_\_ COUNTY & STATE: \_\_\_\_\_  
IF NOT, WAS PATERNITY ESTABLISHED? Y " N "  
HOW WAS PATERNITY ESTABLISHED? " BY A COURT " GENETIC TEST " OTHER  
IS THERE AN EXISTING SUPPORT ORDER FOR THIS CHILD? Y " N "  
IF YES, AMOUNT \$ \_\_\_\_\_ PER: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_ STATE: \_\_\_\_\_  
COURT NAME: \_\_\_\_\_ DOCKET FILE # \_\_\_\_\_ DIRECT PAYMENT TO YOU? Y " N "  
ARE CHILD'S PARENTS DIVORCED? Y **9** N **9** DATE OF DIVORCE \_\_\_\_\_  
YOUR RELATIONSHIP TO CHILD: \_\_\_\_\_

3. \_\_\_\_\_  
(Last) (First) (Middle) (Race) (Sex)  
\_\_\_\_\_  
(Social Security Number) (Date of Birth) (Place of Birth-City & State)  
WERE PARENTS MARRIED TO EACH OTHER AT TIME OF CHILD'S BIRTH? Y " N "  
DATE OF MARRIAGE: \_\_\_\_\_ COUNTY & STATE: \_\_\_\_\_  
IF NOT, WAS PATERNITY ESTABLISHED? Y " N "  
HOW WAS PATERNITY ESTABLISHED? " BY A COURT " GENETIC TEST " OTHER  
IS THERE AN EXISTING SUPPORT ORDER FOR THIS CHILD? Y " N "  
IF YES, AMOUNT \$ \_\_\_\_\_ PER: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_ STATE: \_\_\_\_\_  
COURT NAME: \_\_\_\_\_ DOCKET FILE # \_\_\_\_\_ DIRECT PAYMENT TO YOU? Y " N "  
ARE CHILD'S PARENTS DIVORCED? Y **9** N **9** DATE OF DIVORCE: \_\_\_\_\_  
YOUR RELATIONSHIP TO CHILD: \_\_\_\_\_

**AFFIDAVIT OF PAYMENTS** (complete this section only if you currently have a child support order).

CUSTODIAL PARENT: \_\_\_\_\_

NONCUSTODIAL PARENT: \_\_\_\_\_

LIST ANY AGENCY THAT HAS PROCESSED CHILD SUPPORT PAYMENTS ON BEHALF OF YOUR CHILD(REN)

AGENCY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

HAS THE NONCUSTODIAL PARENT MADE SUPPORT PAYMENTS DIRECTLY TO THE CUSTODIAL PARENT? Y " N "

IF YES, LIST ONLY THOSE PAYMENTS PAID DIRECTLY TO THE CUSTODIAL PARENT. DO NOT LIST PAYMENTS RECEIVED BY AN AGENCY AND FORWARDED TO THE CUSTODIAL PARENT ACCORDING TO THE TERMS OF THE ORDER.

YEAR _____	YEAR _____	YEAR _____	YEAR _____
<u>AMOUNT PAID</u>	<u>AMOUNT PAID</u>	<u>AMOUNT PAID</u>	<u>AMOUNT PAID</u>
JAN _____	JAN _____	JAN _____	JAN _____
FEB _____	FEB _____	FEB _____	FEB _____
MAR _____	MAR _____	MAR _____	MAR _____
APR _____	APR _____	APR _____	APR _____
MAY _____	MAY _____	MAY _____	MAY _____
JUN _____	JUN _____	JUN _____	JUN _____
JUL _____	JUL _____	JUL _____	JUL _____
AUG _____	AUG _____	AUG _____	AUG _____
SEPT _____	SEPT _____	SEPT _____	SEPT _____
OCT _____	OCT _____	OCT _____	OCT _____
NOV _____	NOV _____	NOV _____	NOV _____
DEC _____	DEC _____	DEC _____	DEC _____
TOTAL _____	TOTAL _____	TOTAL _____	TOTAL _____

**Certification:**

I HEREBY CERTIFY UNDER PENALTY AS SET FORTH IN SECTION 63.2-502 OF THE CODE OF VIRGINIA THAT I HAVE GIVEN THE STATEMENTS IN THIS DOCUMENT AND THEY ARE TRUE AND CORRECT. I FURTHER AGREE TO NOTIFY MY DISTRICT CHILD SUPPORT ENFORCEMENT OFFICE IMMEDIATELY OF ANY CHANGES IN MY ADDRESS, TELEPHONE NUMBER, INCOME, EXPENSES, OR EMPLOYER.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# **YOUR RIGHTS AND RESPONSIBILITIES**

PLEASE READ THE FOLLOWING IMPORTANT FACTS YOU NEED TO KNOW AND UNDERSTAND REGARDING YOUR CASE. IN THE LAST SECTION, YOU MUST MAKE A CHOICE REGARDING PAYMENTS MADE IN ERROR. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR LOCAL CHILD SUPPORT ENFORCEMENT OFFICE.

**An application for child support enforcement services will result in the Division providing the following services as appropriate:**

- Location.
- Establishment of paternity.
- Enforcement
- Establishment and modification of an order for support, and health insurance coverage.
- Collection and distribution of child support and spousal support, if it is part of a child support order.
- Collection and distribution of medical support payments for a specific dollar amount ordered by a court.

**Case actions shown above will be taken without regard to which party has applied for services, based on the determination by the Division of the best interests of the child(ren).**

Legal assistance may be provided in establishing or enforcing a child support obligation. Any legal assistance provided by the Division's legal counsel will be provided to the Division of Child Support Enforcement and not to you personally. A final decision governing any legal action which may be taken in your case shall be made by the division. The Division shall advise you of actions it has decided to take. You have the right to secure the services of your own attorney to represent you personally at any time. You must notify the division immediately:

- If you choose to retain the services of a private attorney.
- Of a change in your address.
- Of a change in the custody of your child(ren) where you are no longer the primary custodian.

By signing the application, you authorize the division of child support enforcement to:

- 1) Explore, pursue, and utilize all sources of information available in support of its investigation. Your case will be prioritized on the information you provide (including, but not limited to, the noncustodial parent's social security number, address, and employer). The Division cannot guarantee the success of its efforts.
- 2) Seek, enforce and collect current or past due support from anyone who has a legal duty to pay support. Enforcement methods include income withholding, liens, orders to withhold and deliver, seizure and sale of assets, federal and state income tax refund intercepts, credit reporting agency, and suspension of a professional license or driver's license.
- 3) Endorse and cash checks, money orders, or other forms of payment which are made out to the custodial parent for support payments.

Occasionally the Division makes payments to parents in error. You are personally liable for any amounts you receive that were paid erroneously. Please indicate your permission for the Division to Recoup a portion of future payments should this occur:

IF FUNDS ARE MISTAKENLY PAID TO ME, I AUTHORIZE THE DIVISION TO RECOUP THE AMOUNT FROM FUTURE PAYMENTS RECEIVED BY THE DIVISION, ONCE I HAVE BEEN NOTIFIED OF THE ERROR.    Y "    N "

## **CERTIFICATION:**

I hereby certify under penalty, as set forth in section 63.2-502 of the Code of Virginia, that I have given the statements in the document and they are true and correct. I further agree to notify my district child support enforcement office immediately of any changes in my residential or mailing address, telephone number, income expenses or employer. I have either read the application information stated above or had it read to me.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## DIVISION OF CHILD SUPPORT ENFORCEMENT DISTRICT OFFICES

(All 800 866 and 877 phone numbers are toll free)

### **Abingdon District Office**

(800) 922-4903

190 Patton Street  
Abingdon, VA 24210

**Area Served:** Bland, Bristol, Buchanan, Dickenson, Giles, Lee, Norton, Russell, Scott, Smyth, Tazewell, Washington, Wise

### **Arlington District Office**

(866) 488-2591

2900 South Quincy Street, Suite 320  
Arlington, VA 22206

**Area Served:** Alexandria, Arlington

### **Charlottesville District Office**

(800) 782-3523

2385 Hunters Way, #5  
Charlottesville, VA 22911

**Area Served:** Albemarle, Charlottesville, Culpeper, Fluvanna, Goochland, Greene, Louisa, Madison, Orange

### **Chesapeake District Office**

(757) 548-2390

Atlantic Business Center  
1122 Executive Boulevard, Suite N  
Chesapeake, VA 23320

**Area Served:** Chesapeake

### **Danville District Office**

(800) 752-7307

155 Deer Run Road  
Danville, VA 24540

**Area Served:** Danville, Franklin County, Halifax, Henry, South Boston, Lunenburg, Martinsville, Mecklenburg, Patrick, Pittsylvania

### **Eastern Shore Satellite Office**

(877) 695-5493

108 Market Street  
Onancock, VA 23417

**Area Served:** Accomack, Northampton

### **Fairfax District Office**

(877) 822-4612

Fairfax Executive Park  
3953 Pender Drive  
Fairfax, VA 22030

**Area Served:** Fairfax City, Fairfax County, Falls Church

### **Fredericksburg District Office**

(800) 462-0983

2342 Plank Road  
Fredericksburg, VA 22401-4966

**Area Served:** Caroline, Essex, Fredericksburg, King George, Lancaster, Northumberland, Richmond County, Spotsylvania, Stafford, Westmoreland

### **Hampton District Office**

(800) 481-1004

Hampton Roads Center II  
903 Gateway Blvd. Butler Farms Road, Suite 100  
Hampton, VA 23666

**Area Served:** York, Mathews, Hampton, Middlesex, Gloucester, Poquoson

### **Henrico District Office**

(877) 822-4547

Koger Center West  
1610 Forest Ave, Almond Bldg, Suite 200  
Richmond, VA 23229

**Area Served:** Chesterfield, Colonial Heights, Henrico, Hanover

### **Lynchburg District Office**

(800) 962-3492

2127 Lakeside Drive  
Lynchburg, VA 24501

**Area Served:** Amherst, Appomattox, Bedford, Buckingham, Campbell, Charlotte, Cumberland, Lynchburg, Nelson, Prince Edward

### **Manassas District Office**

(800) 762-9970

Courthouse Station  
9309 Center St., Suite 101  
Manassas, VA 22110-5599

**Area Served:** Fauquier, Manassas, Manassas Park, Prince William, Rappahannock

### **Newport News District Office**

(800) 462-8386

11751 Rock Landing Dr., Suite H4  
Newport News, VA 23606

**Area Served:** Charles City, James City, King & Queen, King William, New Kent, Newport News, Williamsburg

### **Norfolk District Office**

(877) 695-5497

#7 The Koger Center  
York Bldg., Suite 200  
6340 Center Drive  
Norfolk, VA 23502

**Area Served:** Norfolk

### **Petersburg District Office**

(800) 462-3669

2623 Park Avenue  
Petersburg, VA 23805

**Area Served:** Amelia, Brunswick, Dinwiddie, Greensville, Emporia, Hopewell, Nottoway, Petersburg, Powhatan, Prince George, Surry, Sussex

### **Portsmouth District Office**

(877) 695-5499

PortCentre Commerce Park  
601 PortCentre Parkway  
Portsmouth, VA 23704

**Area Served:** Portsmouth

### **Richmond District Office**

(877) 822-4533

2106-C North Hamilton Street  
Richmond, VA 23230

**Area Served:** Richmond City

### **Roanoke District Office**

(800) 447-1899

3535 Franklin Road, S.W. - Suite H  
Roanoke, VA 24014-2255

**Area Served:** Alleghany, Bath, Botetourt, Carroll, Christiansburg, Clifton Forge, Covington, Craig, Floyd, Galax, Grayson, Montgomery, Pulaski, Radford, Roanoke City, Roanoke County, Salem, Wythe

### **Suffolk District Office**

(800) 828-1304

2000 Hillpoint Boulevard North, Bldg. II  
Suffolk, VA 23434

**Area Served:** Franklin City, Isle of Wight, Southampton, Suffolk

### **Verona District Office**

(800) 872-8904

Augusta County Government Center  
P. O. Box 530  
Verona, VA 24482-0530

**Area Served:** Augusta, Buena Vista, Harrisonburg, Highland, Lexington, Page, Rockbridge, Rockingham, Shenandoah, Staunton, Waynesboro

### **Virginia Beach District Office**

(877) 695-5491

Pembroke Office Park  
Pembroke VI, Suite 500  
Virginia Beach, VA 23462

**Area Served:** Virginia Beach

### **Winchester District Office**

(800) 486-6440

24 Ricketts Drive  
Winchester, VA 22601

**Area Served:** Clarke, Frederick, Loudoun, Warren, Winchester